NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N41322

(1)

COMPLETE:	CARE HOME	HEALTH	AGENCY	OF DADE.	INC.
OOM LLIL		116/16/11	MULITUR		1110

Principal Place	of Business	Mailing Address					
651 E 25TH S		651 E 25TH STREET HIALEAH FL 33013					
					3. Date Incorporated or Qualified 12/18/1990	3a. Date of Last 05/01/	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2337166		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional Required
City & State)	City & State			6. Election Campaign Financing	\$5.C	IO May Be
Zip	Country	Zip	Cour	try	Trust Fund Contribution 8. This corporation has liability for in	ntangible tax under s	d to Fees . 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Currer	n negistered Agent		B1 Name	10. Name and Address of New R	egistered Agent	
	A. 1275.2.		L	, Marile			
	CLIFFORD J ST 25TH ST			82 Street A	Address (P.O. Box Number is Not Acceptable	le)	
651 E 25	5TH STREET			83		_	
HIALEAH	1 FL 33013		ļ,	B4 City		FL 85 Z	p Code
11. Pursuant to	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	es, the abov	e-named cor	rporation submits this statement for the purpopard of directors. I hereby accept the appo		registered office
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Secl	ida. Such change was authoriza tion 617.0503. Florida Statutes	ed by the co	orporation's b	poard of directors. I hereby accept the appo	pintment as registered	d agent. I am
	,, , , , ,						
SIGNATURE _	Character to the control of the cont	tour late it and be at all	TE Diseased		a second to be as an area below as	DATE	
	Signature, typed or printed harne of registered agent		TE Registered A	lgent signature re:	quired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	DRS IN: 12
12.	OFFICERS AN	t and the ir applicatio (NO ID DIRECTORS					DRS IN: 12
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PAINTED NAME OF SIGNING OFFICER OR DIRECTOR